MISSOURI TSA LEADERSHIP CONNECTIONS DEGREE PROGRAM
SCHOLAR DEGREE APPLICATION
Deadline: February 15

Candidate's Name _____

(Include a $5.00 processing fee with this application.)

Home Mailing Address _____
<div style="text-align:center">P.O. Box or Street   City   State Zip</div>

Chapter _____Grade Level _____

Years of Technology Education completed _____

Date you became a TSA member _____

Date you received the Basic Degree _____

Date you received the Academic Degree _____

Date you received the Collegiate Degree _____

List the local TSA chapter office(s) you presently hold or have held:

     Year   Office(s) Held

_____

_____

List the date(s) that you attended and competed at the Missouri TSA State Conference:

     Year   Competitive Event   Placement

_____

_____

_____

Provide a brief summary of your first presentation about TSA and/or Technology Education.
Include the group's name, the date, and the location. In addition, provide a brief summary of
your second presentation made and include the group's name, the date, and the location.

List and describe the local TSA chapter activities or committees on which you have served, different from those you specified on the Collegiate Degree application.

Grade Point Average (overall) _____Overall Technology Education GPA _____

Please provide an explanation as to why you believe you deserve this award.

The above-named TSA member has completed the established requirements for this degree and we hereby certify the information and accounts to be true and accurate.

_____   _____

Advisor's Signature   Candidate's Signature

_____   _____

Chapter President   High School Principal

Attach three letters of recommendation and return this application to the Missouri TSA State Advisor **by February 15**.